

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

■ Print your name and address on the reverse so that we can return the card to you.

Leura Garrett Canary
US Attorney
P.O. Box 197
Montgomery, AL 36101-0197

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *N. Ryan*☐ Agent☐ Addressee

B. Received by (Printed Name)

N. Ryan

C. Date of Delivery

9/20/07

Delivery address different from item 1? ☐ Yes
Enter delivery address below: ☐ No

07cv 739
Scxprc ord

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7007 1490 0000 0026 6435

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540